

Time: Tuesday, June 23, 2015 1:00-3:00 EDT

Location: Rice Auditorium (Basement), ISDH, 2 North Meridian Street

Called by: Katie Hokanson, Director, ISDH Division of Trauma & Injury Prevention

#### **Link to Webcast Recording:**

http://videocenter.isdh.in.gov/videos/video/1687/

### I. Agenda Topics

- 1. Welcome & Introductions Attendees (33):
  - a. Katie welcomed the group and covered the outline for the meeting. Everyone in the room introduced themselves. Jessica Skiba read off those participating by webcast.

Laura Berry	Caryn Burton	Annette Chard	Laura Chavez
Karen Conroy	Annette Craycraft	Kelly Cunningham	Shandy Dearth
Jama Donovan	Ray Dunkin	Susan Ferguson	Kristi Gephart
Dannielle Gilyan	Lisa Gray	Wendy Harrold	Camry Hess
Katie Hokanson	Judi Holsinger	Rachel Kenny	Abigail Kuzma
Murray Lawry	Gretchen Martin	Michelle Moore	John O'Boyle
Suzanne O'Malley	Barb Pitman	Lenora Price	Ruth Reichard
Anne Reynolds	Vicki Simpson	Jessica Skiba	Wendy St. John
Lindsay Weaver			

- b. ISDH passed out a worksheet for everyone to complete that includes:
  - i. Concerns/roadblocks
    - 1. As the meeting progresses, please note any concerns/roadblocks that the ISDH staff needs to address before the next Board meeting.
  - ii. Questions
    - 1. ISDH will follow up on questions asked at the June 23rd meeting.
  - iii. Please complete the worksheet and send to rkenny@isdh.in.gov.
- 2. Follow-Up from questions at previous AB Meeting
  - a. Funeral Director Involvement



- i. After taking into several comments from the last AB meeting and concern from Rebecca and Katie Fowler. We have decided that this might be a route to look into in the future but for now is not a viable option due to the staff time requirements compared to the data source reliability.
- b. Mapping violent death hot spots
  - i. Can the INVDRS data be used to generate maps that can help state and local agencies target resources to 'hot spots'?
    - 1. Yes, unsure on level of detail. We cannot create maps as detailed as "street address" Due to confidentiality, if the N= is less than 5 we would have to pull back the 'hot spot' until it is more than five.
    - 2. Geographic representation of trends over time
- c. Reporting of suicide on death certificates
  - i. What happens when a person attempts suicide, but lives 3-5 days after the attempt? Is this now a suicide or, as some doctors state, respiratory failure from attempted suicide? How is this reported?
    - 1. Cause, manner, and mechanism of death are distinguished on the death certificate. The Cause of Death section of the Indiana Death Certificate, states not to include mechanisms of death. When multiple COD's are listed on the death certificate all are included in the NVDRS case. So even if one of the NVDRS specific COD's isn't the primary COD, the case will still be captured. The understanding of manner of death for suicide is: if an individual dies from complications due to a suicide attempt, the manner of death is then suicide, regardless of what the cause/mechanism are.
    - 2. NVDRS captures an ICD-10 code for suicide deaths more than a year after the injury (Y87.0). Captures a chronic condition that is a complication of an acute condition that begins during that acute condition.
- d. Frequency of data reports
  - i. Will data reports come out monthly or quarterly?
    - 1. Quarterly update to advisory board
    - 2. Annual statewide/district report



- 3. Special-interest reports
- 4. Data Requests
- 5. Reports to data providers
- e. Capturing deaths across county and state lines
  - i. How are incidents where the individual is airlifted to another county or across state lines handled?
    - Across county lines: the death certificate is issued in the county of death. The city
      of injury is also recorded and could be used to identify cases that cross county
      lines.
    - Across state lines: If both states are NVDRS states, the state of injury is
      responsible for collecting the information. All state surrounding Indiana are
      NVDRS states. Rachel and Katie participate in the Midwest Injury Prevention
      Alliance (MIPA) NVDRS subcommittee to facilitate collaboration with the
      surrounding states.
- f. Funding through Legislation
  - i. Using this data, maybe we can get more funding from the Indiana legislators in the next budget cycle?
    - 1. Purpose of the data is to provide evidence of need for prevention programs.
    - 2. Need stakeholders to contact their legislatures and bring the information to them.
    - 3. ISDH cannot lobby, our role is providing you comprehensive data to then take the evidence to the legislation and show them the need Indiana has.
- g. Intimate Partner Violence (IPV) and contact with the court system
  - i. Violation of a restraining order can be a criminal case or a civil case. Can we link criminal and civil courts in domestic violence cases?
    - To be determined: ISDH is working with Ruth Reichard from the Indiana
       Supreme Court to ascertain what access INVDRS can have from the court system.

#### 3. Data Collection Updates

- a. Death Certificates
  - i. 237 cases initiated in the CDC NVDRS. 41% from the pilot counties.
    - 1. January: 122 cases



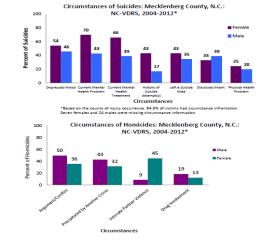
- 2. February: 115 cases
- ii. Death certificates will be uploaded once a month. This will include all new and updated death certificates.

#### b. Law Enforcement

- i. John O'Boyle is the new INVDRS Law Enforcement Records Coordinator
- ii. 6 signed data sharing agreements
- iii. Made contact with over 35 law enforcement agencies

#### c. Coroners

- i. Established as a "Sole Source Vendor" so the required bid process is eliminated if we want to enter into any financial arrangements with them.
- ii. Received all documents back from the Marion County Coroner's Office that are required prior to issuing a contract.
  - 1. Tentative start date is July 7, 2015.
- iii. Coroner Packet sent to the 5 other pilot counties. Packet includes:
  - 1. Cover letter
  - 2. Letter of Support from the Indiana State Coroners Association
  - 3. Coroner Abstraction Form
  - 4. Data Sharing Options
    - a. Right Fax
    - b. Syncplicity
    - c. Secure Email
    - d. Pickup
  - 5. Data Provider Benefits
    - a. Individualized reports that break



 Forty-six percent of Mecklenberg County female and 54 percent of males suicide victims with circumstance information were characterized as being

victims and 43 percent of male victims were characterized as having a current mental health problem.

 Females (43%) were more likely to have attempted suicide in the past as compared to males (17%).

more likely to be a contributing factor for male homicides (50%) than for female homicides (36%).

 Thirty-two percent of female homicides and 43 percent of mal homicides were precipitated by another crime such as robbery, burglary, or drug trafficking.

 Intimate partner violence was a contributing factor in 45 percent of female homicides, but only nin percent of male homicides.

down their specific data to show potential trends in their community.

These reports will include: comparisons with the state trends, location mapping of 'hot spots' for violent deaths, community specific trends, and other information deemed helpful by the data provider. Example from North Carolina



- d. INVDRS Brochure
  - i. In the finalization stage
- e. New Email: INVDRS@isdh.in.gov
- 4. 2016 Statewide Implementation
  - a. Data collection for INVDRS will begin in January 2016 for all 92 counties in Indiana.
  - b. Focus will be placed on counties with the highest death counts in previous years.
  - c. Getting the word out in 2015
    - i. We will begin establishing contracts and collecting data from any agency that shows interest outside of the pilot counties.
    - ii. Indiana Coroner's Training Board Conference: June 26<sup>th</sup>-28<sup>th</sup>, Exhibitor
    - iii. Indiana Sheriff's Association Conference: July 17<sup>th</sup>-19<sup>th</sup>, Exhibitor
    - iv. Indiana Emergency Response Conference: August 19<sup>th</sup>-22<sup>nd</sup>, Presenter
    - v. These conferences allow networking with agencies from the entire state.
    - vi. Trauma Tour
      - 1. Tour stops will be held in all 10 Public Health Preparedness Districts
      - 2. Throughout June, July, and August
      - 3. 1st Stop: Evansville
        - a. Tuesday, June 30<sup>th</sup>
        - b. Southern Indiana Career & Technical Center
      - 4. 2nd Stop: Crown Point
        - a. Tuesday, July 7<sup>th</sup>
        - b. Crown Point Community Library
      - 5. 3rd Stop: Terre Haute
        - a. Tuesday, July 14<sup>th</sup>
        - b. Landsbaum Center for Health Education
      - 6. 4th Stop: Muncie
        - a. Thursday, July 16<sup>th</sup>
        - b. IU Health Ball Memorial Hospital
      - 7. 5th Stop: Fort Wayne
        - a. Tuesday, July 21st





- b. Public Safety Academy
- 8. 6th Stop: Scottsburg
  - a. Tuesday, July 28<sup>th</sup>
  - b. Mid America Science Park
- 9. 7th Stop: Lafayette
  - a. Thursday, July 30<sup>th</sup>
  - b. YWCA
- 10. 8th Stop: South Bend
  - a. Tuesday, August 4<sup>th</sup>
  - b. EMS Education Building
- 11. 9th Stop: Columbus
  - a. Tuesday, August 11<sup>th</sup>
  - b. Columbus Learning Center
- 12. 10th Stop: Indianapolis
  - a. Thursday, August 13<sup>th</sup>
  - b. Eskenazi Health Outpatient Care Center
- vii. Sudden Unexplained Infant Death Investigation (SUIDI) Training
  - 1. Tell City: May 28th, 2015
  - 2. Ft. Wayne: June 4<sup>th</sup>, 2015
  - 3. Plainfield: July 16<sup>th</sup>, 2015
  - 4. Scottsburg: August 6<sup>th</sup>, 2015
  - 5. Lafayette: September 17<sup>th</sup>, 2015
- viii. Distributing INVDRS jump drive with various information and handouts to data providers and stakeholders.

#### 5. <u>Data Confidentiality</u>

- a. Certificate of Confidentiality
  - i. Dr. Walthall has worked with IU to obtain IRB approval for ISDH.
  - ii. Once approved, the CoC protects ISDH from being compelled to release identifiable information in response to legal demands at the federal, state, or local levels.
  - iii. CoCs allow researchers to refuse to disclose identifiable research information in response



to legal demands. They allow the investigator and others who have access to research records to refuse to disclose identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level.

- b. Policy for Data Release
  - i. Modeled off of North Carolina's policy.
  - ii. Outlines the confidentiality of the data and respects the data providers release tenets.
  - iii. INVDRS data will not be used to support criminal investigations.
  - iv. CDC Data Release
    - 1. Freedom of Information Act (FOIA)
      - a. Exemption 6--information that would be an unwarranted invasion of personal privacy.
    - 2. Subpoena from a court with jurisdiction over federal agencies.
      - a. CDC will utilize all available legal mechanism to protect the confidentiality of data.
      - b. Has been successful in protecting sensitive data in other instances.
  - v. Data reports and requests.
    - 1. Annual and special-interest reports.
    - 2. Data requests occur when the requested de-identified INVDRS data is not already included in the annual or special interest reports.
    - 3. Made in writing using the division forms.
    - 4. INVDRS advisory board will be notified of all data requests and releases.
    - 5. No identifiable data will be released. Aggregate data only.
- 6. Prescription for Hope Presentation—Dannielle Gilyan
  - a. Any questions on Prescription for Hope, please contact:

Dannielle Gilyan

Dannielle.gilyan@eskenazihealth.edu

Office: 317.880. 5037

#### 7. CDC Site Visit

- a. Postponed by the CDC to a later date.
- 8. Grant Deliverables



- a. INVDRS Annual Performance Report.
  - i. Current budget period progress.
    - 1. Work plan and activities.
    - 2. challenges and successes.
  - ii. Upcoming year budget period proposed objectives and activities

#### 9. Advisory Board Members

- a. Purpose of the Advisory Board
  - i. Our Vision: prevention of violent deaths in Indiana.
  - Our Mission: to reduce the number of violent injuries and deaths by providing comprehensive, objective, and accurate information regarding violence- related morbidity and mortality.

#### b. Responsibilities of an Advisory Board Member

- i. Help identify barriers to INVDRS and develop solutions
- ii. Provide access to data (if applicable).
- iii. Connect ISDH with your partners.
- iv. Provide speaking opportunities for INVDRS staff with professional organizations.
- v. Assist in identifying and recruiting individuals to join the advisory board.
- vi. Be a spokesperson for INVDRS.
- vii. Utilize INVDRS data.
- viii. Review and facilitate the dissemination of data reports.
- c. Point of contact for each organization
  - i. If interested in being the POC please contact Rachel (<u>rkenny@isdh.in.gov</u>)
- d. Call to Action
  - i. Send interested parties to ISDH Division of Trauma and Injury Prevention
    - 1. INVDRS@isdh.in.gov
    - 2. INVDRS Epidemiologist

Rachel Kenny 317-233-8197 rkenny@isdh.in.gov

#### 10. Additional discussion

a. 2015 Meeting Dates, 1-3 EDT, ISDH, Rice Auditorium



- i. June 23<sup>rd</sup>
- ii. December 15<sup>th</sup>
- b. Key Activities for 2015
  - i. Continue to establish collaboration for INVDRS project
  - ii. Obtain Vital Records (death certificate) data electronically & monitor data import timelines
  - iii. Begin manual abstraction of Coroner and Law Enforcement data by end of 1st quarter

# IV. Next Advisory Board Meeting: September 29, 2015 ISDH Division of Trauma and Injury Prevention Contact Information:

Katie Hokanson Director 317-234-2865 khokanson@isdh.in.gov

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